

# QUESTIONNAIRE TO SHOW NEEDS OF DISPLACED FAMILIES

North Dakota Department of Transportation, Design  
SFN 10139 (Rev. 04-2001)

Project Number	Parcel Number	County
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1. Name of occupant \_\_\_\_\_ Owner ☐  
Tenant ☐
2. Address of property \_\_\_\_\_  
\_\_\_\_\_
3. Telephone number \_\_\_\_\_
4. Type of property: Residential ☐ Apartment ☐ Commercial ☐ Rural ☐ City ☐
5. Total members of family \_\_\_\_\_ Number of children \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_
6. Occupation of family head of household \_\_\_\_\_
7. Employed by whom \_\_\_\_\_
8. How long have you occupied these premises? Years \_\_\_\_\_ Months \_\_\_\_\_
9. Date you purchased this property \_\_\_\_\_
10. Amount of monthly payment \_\_\_\_\_ Amount of monthly rent \_\_\_\_\_
11. Number of rooms occupied by this family: Bedrooms \_\_\_\_\_ Living room \_\_\_\_\_ Kitchen \_\_\_\_\_ Dining \_\_\_\_\_  
Family \_\_\_\_\_ Other \_\_\_\_\_
12. Do you wish to purchase ☐ or rent ☐
13. In what area do you wish to relocate? \_\_\_\_\_
14. Approximate number of square feet needed \_\_\_\_\_
15. Commercial property \_\_\_\_\_ Do you wish to purchase ☐ or rent ☐  
Explain needs as to area, size, rooms needed, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Do you wish the North Dakota Department of Transportation personnel to assist you in finding a replacement property for property being acquired. Yes ☐ No ☐
17. Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Interview

\_\_\_\_\_  
North Dakota Department of Transportation